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| Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications) | | | | ATTORNEY'S DOCKET NUMBER 12318-12 | |
| <p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p> | | | | | |
| PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120: | | | | | |
| U.S. APPLICATIONS | | | | STATUS (Check one) | |
| U.S. APPLICATION NUMBER | U.S. FILING DATE | PATENTED | PENDING | ABANDONED | |
| 08/117,418 | 07 September 1993 | | | X | |
| 08/378,946 | 26 January 1985 | | X | | |
| PCT APPLICATIONS DESIGNATING THE U.S. | | | | | |
| PCT APPLICATION NO. | PCT FILING DATE | U.S. SERIAL NUMBERS ASSIGNED (if any) | | | |
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| <p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)</p> <p style="margin-left: 100px;">Charles W. Calkins <u>31,814</u></p> <p style="margin-left: 100px;">John M. Harrington <u>25,592</u> 2</p> | | | | | |
| Send Correspondence to: | | | | Direct Telephone Calls to: | |
| <u>Charles W. Calkins</u> <u>Petree Stockton L.L.P.</u> <u>1001 West Fourth Street</u> <u>Winston-Salem, North Carolina 27101</u> | | | | (name and telephone number) <u>Charles W. Calkins</u> <u>910 607 7315</u> | |
| 201 | FULL NAME OF INVENTOR | FAMILY NAME <u>Nusser</u> | FIRST GIVEN NAME <u>Dennis</u> | SECOND GIVEN NAME <u>W</u> | |
| | RESIDENCE & CITIZENSHIP | CITY <u>Ft. Lauderdale</u> | STATE OR FOREIGN COUNTRY <u>Florida</u> FL | COUNTRY OF CITIZENSHIP <u>US</u> | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>512 Victoria Terrace</u> | | CITY <u>Ft. Lauderdale</u> | STATE & ZIP CODE/COUNTRY <u>FL 33301</u> |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY | |
| 203 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> | | | | | |
| SIGNATURE OF INVENTOR 201 | | SIGNATURE OF INVENTOR 202 | | SIGNATURE OF INVENTOR 203 | |
| | | | | | |
| DATE <u>2 MARCH 1996</u> | | DATE | | DATE | |

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

12318-12

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INPUT APPARATUS FOR PEOPLE HAVING SMALL HANDS

the specification of which (check only one item below):

☐ is attached hereto.☐ was filed as United States application

Serial No. _____

on _____

and was amended

on _____ (if applicable).

☒ was filed as PCT international applicationNumber PCT/US 94/09827on 31 AUGUST 1994

and was amended under PCT Article 19

on 07 JULY 1995 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| COUNTRY (if PCT indicate PCT) | APPLICATION NUMBER | DATE OF FILING (day month year) | PRIORITY CLAIMED UNDER 35 USC 119 |
|-----------------------------------|--------------------|------------------------------------|---|
| US | 94/09827 | 31 AUGUST 1994 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

EXPRESS NO. EM073730748

PATENT

Attorney's Docket No. 012318-12

Applicant or Patentee: Dennis W. Nusser

Serial or Patent N. : 08 / 117,418

Filed or Issued: September 7, 1993

For: INPUT APPARATUS FOR PEOPLE HAVING SMALL HANDS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(b))—INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled INPUT APPARATUS FOR PEOPLE HAVING SMALL HANDS

described in

- ☒ the specification filed herewith. (Filing Under 35 U.S.C. 371 of PCT/US94/09827)
☐ application serial no. 0 / _____, filed _____
☐ patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization
☐ persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights in the invention availing to their status as small entities. (37 CFR 1.27).

FULL NAME _____

ADDRESS _____

- ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

- ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

- ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of pay-